

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10716584 FILING DATE _____
APPLICANT(S) _____

CLAIMS

9/10/04

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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45	/					
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	7					
TOTAL DEP.		7				
TOTAL CLAIMS	7	7				

9/10/04

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
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TOTAL DEP.						
TOTAL CLAIMS						